

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

CounterPAC

ADDRESS (number and street)

3855 25th Street

☐ Check if different
than previously
reported. (ACC)

San Francisco

CA

94114

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00566778

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Zack Booth Simpson

Signature of Treasurer

Zack Booth Simpson

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CounterPAC

Report Covering the Period: From: M M / D D / Y Y Y Y 09 / 01 / 2014 To: M M / D D / Y Y Y Y 09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y 2014		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	116695.51	
(c) Total Receipts (from Line 19)	250000.00	611702.81
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	366695.51	611702.81
7. Total Disbursements (from Line 31)	275537.81	520545.11
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	91157.70	91157.70
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CounterPAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
09		01		2014

To:

M M	/	D D	/	Y Y Y Y
09		30		2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other
Than Political Committees

(i) Itemized (use Schedule A).....

250000.00

611352.81

(ii) Unitemized

0.00

350.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

250000.00

611702.81

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

250000.00

611702.81

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

250000.00

611702.81

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

250000.00

611702.81

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	153987.81	398995.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	153987.81	398995.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	121550.00	121550.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	275537.81	520545.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	275537.81	520545.11

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	250000.00	611702.81
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	250000.00	611702.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	153987.81	398995.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	153987.81	398995.11

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CounterPAC

Full Name (Last, First, Middle Initial)

A. Jim Greer

Mailing Address 3855 25th St

City State Zip Code
 San Francisco CA 94114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kongregate

Occupation

CTO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450102.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 09 / 2014

Transaction ID : SA11AI.4147

Amount of Each Receipt this Period

150000.00

Full Name (Last, First, Middle Initial)

B. Jim Greer

Mailing Address 3855 25th St

City State Zip Code
 San Francisco CA 94114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kongregate

Occupation

CTO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500102.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 16 / 2014

Transaction ID : SA11AI.4148

Amount of Each Receipt this Period

50000.00

Full Name (Last, First, Middle Initial)

C. Jim Greer

Mailing Address 3855 25th St

City State Zip Code
 San Francisco CA 94114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kongregate

Occupation

CTO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550102.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 19 / 2014

Transaction ID : SA11AI.4149

Amount of Each Receipt this Period

50000.00

SUBTOTAL of Receipts This Page (optional)..... ►

250000.00

TOTAL This Period (last page this line number only)..... ►

250000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CounterPAC

700.50

37878.00

37878.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CounterPAC

A. Code for America Labs

001

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

350.00

B. Groundswell Public Strategies

M M / D D / Y Y Y Y
09 03 2014

001

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

606.31

C. Kantar Media Intelligence

M M / D D / Y Y Y Y
09 08 2014

001

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

17000.00

17956.31

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 12

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CounterPAC

Full Name (Last, First, Middle Initial)

A. Kantar Media IntelligenceMailing Address 3333 Warrenville Road
Suite 400

City Lisle State IL Zip Code 60532

Purpose of Disbursement
Media/ Advertisement Monitoring

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
09 / 23 / 2014**Transaction ID : SB21B.4164**

Amount of Each Disbursement this Period

8500.00

Full Name (Last, First, Middle Initial)

B. Mark McKinnonMailing Address 98 San Jacinto Blvd.
Floor 12

City Austin State TX Zip Code 78701

Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
09 / 11 / 2014**Transaction ID : SB21B.4162**

Amount of Each Disbursement this Period

30000.00

Full Name (Last, First, Middle Initial)

C. Mark McKinnonMailing Address 98 San Jacinto Blvd.
Floor 12

City Austin State TX Zip Code 78701

Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
09 / 25 / 2014**Transaction ID : SB21B.4165**

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

53500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CounterPAC

Full Name (Last, First, Middle Initial)

A. Public Policy PollingMailing Address 2912 Highwoods Blvd.
Suite 201

City Raleigh State NC Zip Code 27604

Purpose of Disbursement
Polling

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2014

Transaction ID : SB21B.4152

Amount of Each Disbursement this Period

6000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

153912.81

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 11 OF 12
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CounterPAC			FEC IDENTIFICATION NUMBER ▼ C C00566778		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Art Not War			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 10 / 2014		
Mailing Address 93 1st Place #4			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div>		
City Brooklyn		State NY	Zip Code 11231		Transaction ID : SE.4137
Purpose of Expenditure Media Production		Category/Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 10 / 2014	
Name of Federal Candidate Michael Coffman			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Art Not War			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2014		
Mailing Address 93 1st Place #4			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div>		
City Brooklyn		State NY	Zip Code 11231		Transaction ID : SE.4142
Purpose of Expenditure Media Production		Category/Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2014	
Name of Federal Candidate Michael Coffman			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">10000.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Zack Booth Simpson</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 17 / 2014</div>		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 12
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CounterPAC			FEC IDENTIFICATION NUMBER ▼ C C00566778		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		

Full Name of Payee Groundswell Public Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014		
Mailing Address 100 E Grand Ave., Suite 380			Amount 100000.00		
City Des Moines	State IA	Zip Code 50309	Transaction ID : SE.4139		
Purpose of Expenditure Media Buy		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014		
Name of Federal Candidate Michael Coffman			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			105000.00		

Full Name of Payee Groundswell Public Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 100 E Grand Ave., Suite 380			Amount 11550.00		
City Des Moines	State IA	Zip Code 50309	Transaction ID : SE.4140		
Purpose of Expenditure Media Buy		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014		
Name of Federal Candidate Michael Coffman			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			116550.00		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	111550.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	121550.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Zack Booth Simpson

[Electronically Filed]

Signature _____ Date MM / DD / YYYY 10 / 17 / 2014